



State of Vermont

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MEMORANDUM

TO: *Joint Legislative Mental Health Oversight Committee
Joint Health Care Committee*

FROM: *Paul Dupre, Commissioner of the Department of Mental Health*

DATE: *November 8, 2013*

RE: *November, 2013 DMH Report to the Joint Legislative Mental Health and Health Care Oversight Committees on LEVEL I Psychiatric Care Evaluation*

Attached please find the November, 2013 report to the Oversight Committees on Mental Health and Health Care as outlined in 2012 Acts and Resolves No. 79, Sec. E.314.2.

Act 79 Requirements: LEVEL I Psychiatric Care Evaluation

(a)(1) The Mental Health Oversight Committee and the Health Care Oversight Committee shall hold a joint meeting in November 2013 for the purpose of evaluating the capacity needed to treat patients in the care and custody of the Commissioner of Mental Health, specifically regarding the capacity needed within the Level 1 system of care as established in 2012 Acts and Resolves No. 79. The evaluation shall include:

- A. An assessment of the census trends for the LEVEL I system of care during the last fiscal year;*
- B. The status of the census capacity at Rutland Regional Medical Center and Brattleboro Retreat's LEVEL I Unit;*
- C. The status of the construction at the state-owned and operated psychiatric hospital in Berlin;*
- D. The status of the census capacity at the intensive and secure residential recovery programs; and*
- E. An assessment of whether the budget provides adequate capacity for LEVEL I treatment through the end of the 2014 fiscal year.*

(a)(3) The evaluation shall assess the number and type of personnel necessary to staff the state-owned and –operating hospital in Berlin as of April 1, 2014.

Respectfully submitted by the Department of Mental Health.

Please direct any inquiries for additional data collection or report content development to Paul Dupre, Commissioner of the Department of Mental Health; paul.dupre@state.vt.us.

(A) An assessment of the census trends for the Level 1 system of care during the last fiscal year;

Table A1:

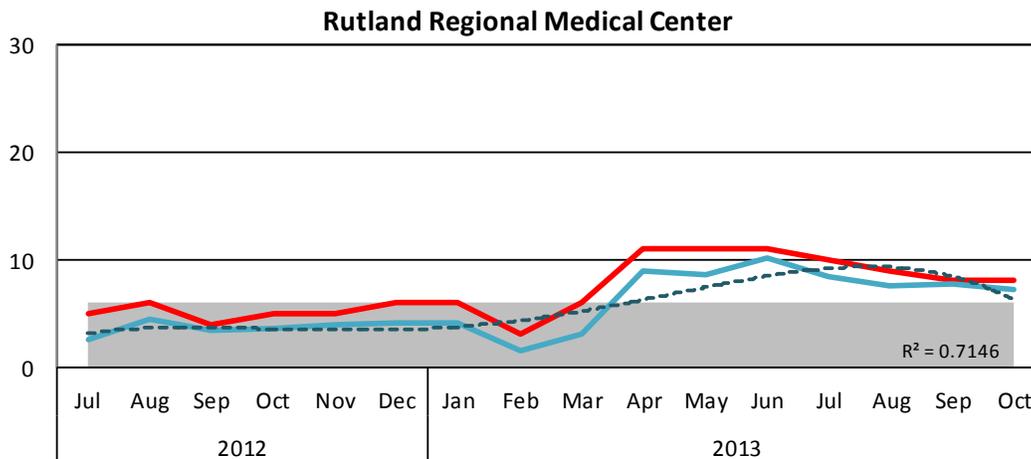
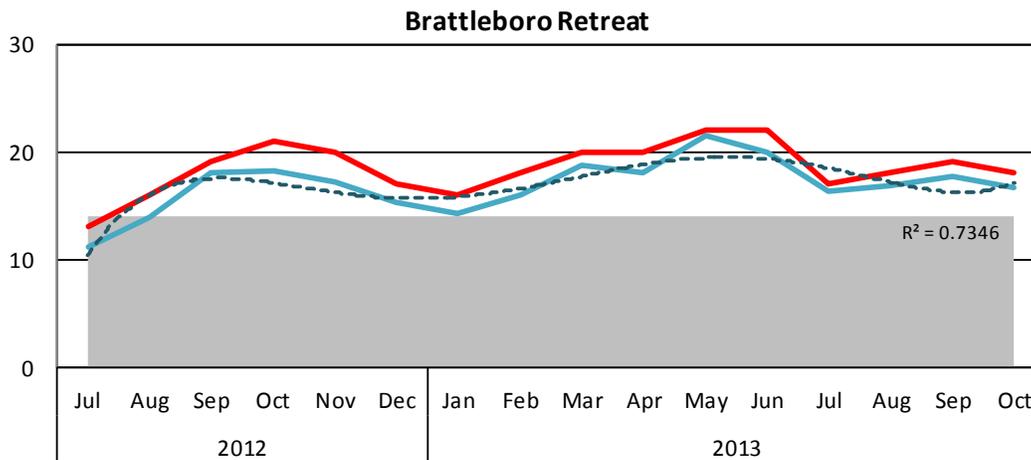
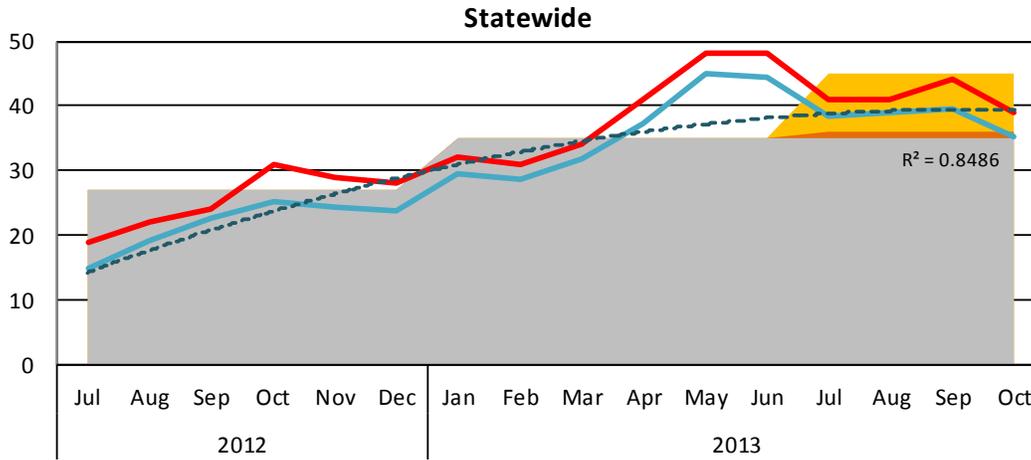
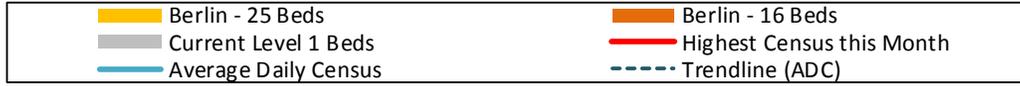
Legislative Report to Mental Health Oversight Committee and Health Care Oversight Committee
 Level 1 Inpatient Utilization: Statewide and By Hospital

SYSTEM TOTAL	2012						2013									
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total Level 1 Beds	27	27	27	27	27	27	35	35	35	35	35	35	35	35	35	35
Average Daily Census	15	19	23	25	24	24	29	29	32	37	45	44	38	39	39	35
Total Level 1 Admissions this Month	23	17	9	25	13	21	22	13	20	22	26	10	19	18	11	9
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	4	8	10	6	2
Total Level 1 Discharges this Month	6	15	7	19	21	15	17	17	13	15	19	17	19	18	15	13
Highest Census this Month	19	22	24	31	29	28	32	31	34	41	48	48	41	41	44	39
Over/Under for Total Planned Beds	UNDER	OVER														
BY HOSPITAL																
Brattleboro Retreat																
Total Level 1 Beds	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
Average Daily Census	11	14	18	18	17	15	14	16	19	18	21	20	16	17	18	17
Total Admissions during Month	16	13	8	13	9	14	7	9	10	3	11	3	3	4	2	4
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	1	2	2	1
Total Level 1 Discharges this Month	4	9	6	12	14	13	7	7	7	5	7	8	3	3	3	5
Highest Census this Month	13	16	19	21	20	17	16	18	20	20	22	22	17	18	19	18
Over/Under for Total Planned Beds	UNDER	UNDER	OVER													
RRMC																
Total Level 1 Beds	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Average Daily Census	3	4	3	4	4	4	4	1	3	9	9	10	8	8	8	7
Total Admissions during Month	7	4	1	5	1	4	2	0	5	8	8	2	4	5	5	3
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	0	1	2	2	0
Total Level 1 Discharges this Month	2	6	1	3	3	1	5	2	0	4	8	2	6	6	5	3
Highest Census this Month	5	6	4	5	5	6	6	3	6	11	11	11	10	9	8	8
Over/Under for Total Planned Beds	UNDER	OVER														
GMPCC																
Total Level 1 Beds	-	-	-	-	-	-	8	8	8	8	8	8	8	8	8	8
Average Daily Census	-	-	-	-	-	-	5	5	4	4	6	6	7	6	6	7
Total Admissions during Month	-	-	-	-	-	-	8	0	0	2	2	3	6	2	2	1
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Level 1 Discharges this Month	-	-	-	-	-	-	2	2	1	0	1	3	4	4	1	2
Highest Census this Month	-	-	-	-	-	-	7	6	4	5	6	6	8	7	7	7
Over/Under for Total Planned Beds	-	-	-	-	-	-	UNDER									
FAHC																
Total Level 1 Beds	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Average Daily Census	1	1	1	4	3	4	6	6	6	6	9	9	7	9	8	5
Total Admissions during Month	0	0	0	7	3	3	5	4	5	9	5	2	6	7	2	1
Level 1 Admissions to Non-L1 Units	-	-	-	-	-	-	-	-	-	-	-	2	6	7	2	1
Total Level 1 Discharges this Month	0	0	0	4	4	1	3	6	5	6	3	4	6	5	6	3
Highest Census this Month	1	1	1	5	4	5	8	8	8	8	11	10	8	9	11	6
Over/Under for Total Planned Beds	UNDER	OVER	OVER	UNDER	OVER	OVER	UNDER									

Analysis is based on the Inpatient Tracking Spreadsheet maintained by the Department of Vermont Health Access (DVHA). Includes psychiatric hospitalizations with Level 1 Designations for hospitalizations occurring at adult inpatient psychiatric units. Level 1 designation is reserved for patients with risk of imminent harm to self or others and requiring significant resources. 'Over/Under for Total Planned Beds' is computed using the difference between total level 1 beds and average daily census for each hospital and

Graph A-1:

Level 1 Inpatient Capacity and Utilization July 2012 - October 2013



The data in the table above present both the total system of psychiatric beds and reports on utilization for each designated hospital. The table includes the total number of designated Level I beds in our system (including Fletch Allen Health Center), the average daily census, the number of admissions and discharges to and from Level I hospital beds, the highest census per month, and the trend of whether the system is over or under its designated capacity.

Data capturing census for our Level I System of Care during the last fiscal year, and the most recent quarter of FY 2014, indicate that for the system as a whole, utilization has been over the number of total planned beds currently available (as derived from average daily census). Data show that between June and October (FY 2014) there was an average of 6 people classified as Level I in hospital beds that are not designated as such. The designated 35 Level I beds were exceeded by an average of 39.5 Level I patients. This is the difference between the average daily census and the number of beds designated for Level I patients. Individuals can be admitted to a non-Level I bed and may or may not later be transferred to a Level I unit. DMH data sources identify placement at admission to the hospital.

Graph A-1 illustrates the relationship between the current Level I beds available, highest census per month and the average daily census for the time period per month. Since its development in July 2012, the highest one day census of level 1 patients has exceeded the purchased capacity 10 of the 16 months on record, and the ADC has exceeded capacity 7 of the 16 months on record. The average daily census of Level 1 patients statewide has risen from less than 20 in the beginning of the fiscal year to over 40 in the last months of the fiscal year. The trend line traces the upward direction in admissions to inpatient beds. An overlay has been added to the statewide graph to depict the purchased capacity if the state facility at Berlin were opened as a 16-bed or 25-bed facility. A 25 bed opening would have supplied enough beds to cover the ADC in all months, and highest one day census in 14 of 16 months. It can be seen that with the addition of 25 beds at the Berlin State Psychiatric Hospital, providing a total of 45 beds, will be adequate to accommodate the anticipated need, while the 16 bed proposal, may fall below the average daily census and based on the highest census per month and what could be projected, the number of patients will exceed the capacity by 9 beds.

(B) The status of the census capacity at Rutland Regional Medical Center and Brattleboro Retreat's Level I Unit;

Level I utilization versus purchased capacity has also been computed for each hospital with designated Level I units. Brattleboro Retreat consistently has more stays than purchased beds and Rutland Regional Medical Center has exceeded purchased beds in the later months of the reporting period. Trend lines for both hospitals suggest that utilization will continue to exceed purchased capacity in the coming months.

Data for level 1 inpatient stays are based upon the inpatient tracking spreadsheet maintained in conjunction by Department of Vermont Health Access and the Department of Mental Health. Prior authorizations for level 1 stays cannot be split, therefore lengths of stays and average daily census for level 1 stays includes parts of the stay before the level 1 determination of need was made.

(C) The status of the construction at the state-owned and –operated psychiatric hospital in Berlin;

The Vermont Psychiatric Care Hospital is nearly 45% complete. Work continues on the building's exterior and interior, revealing the architectural design attributes that could only be envisioned a few months ago. Efforts were made to plant trees indicated in the landscaping plan and to complete curbing, paving, and grading before the onset of cold weather. As viewed by passersby on Fisher Road in the Town of Berlin, the building's patient Unit A with its board and batten siding and attractive windows looks residential in character while the ambulatory section to the right is faced with elongated red brick, a public entrance colonnade, patient admissions, and defined drive-up and turn-around for vehicles and regional bus transportation. In short, the building and site plan is taking shape very nicely.

Interior work includes the central courtyard, which is surrounded by a patterned brick and vast areas of glazing to let natural light flow into the building interior. The structure of the pavilion offering patients with a place to be outdoors yet protected from the sun and rain is installed. The infrastructure for water, electricity, and safety features is incorporated. Trees are planted.

The maze of steel within the building is now being covered by drywall to reveal the shape of patients' private bedrooms and baths as the plumbing, wiring, and radiant heat rough-in is complete.

Throughout the building process, issues arise concerning the functionality of design elements, modifications to office space, and safety features of materials used and manner of installation. Any changes contemplated by the project managers take into account operational considerations, cost, and impact on the schedule. A collaborative approach involves:

- Project Architect Mike Kuhn, Buildings and General Services;
- Construction Manager Dick Terk, Engelberth Construction, Inc.;
- Project Manager Sara Wengert, Architecture Plus; and
- Department of Mental Health staff.

In tandem with the construction schedule, the Department of Mental Health is working with Architecture Plus to select furnishings and equipment for the building, doing site visits to see firsthand what vendors on state contracts offer as well as specialized furniture for patient use.

DMH's facility planning group is meeting regularly to address construction and operational issues while a policy and program development group is now getting underway. Planning to open a new hospital requires DMH staff to identify and address all aspects of how the facility will function and prepare for opening.

Project expenses are in line with budget estimates. Construction is expected to be complete in May 2014, allowing for staff to set up the hospital and for necessary inspections and approvals into June with patient admissions beginning June/July 2014.

(D) The status of the census capacity at the intensive and secure residential recovery programs;

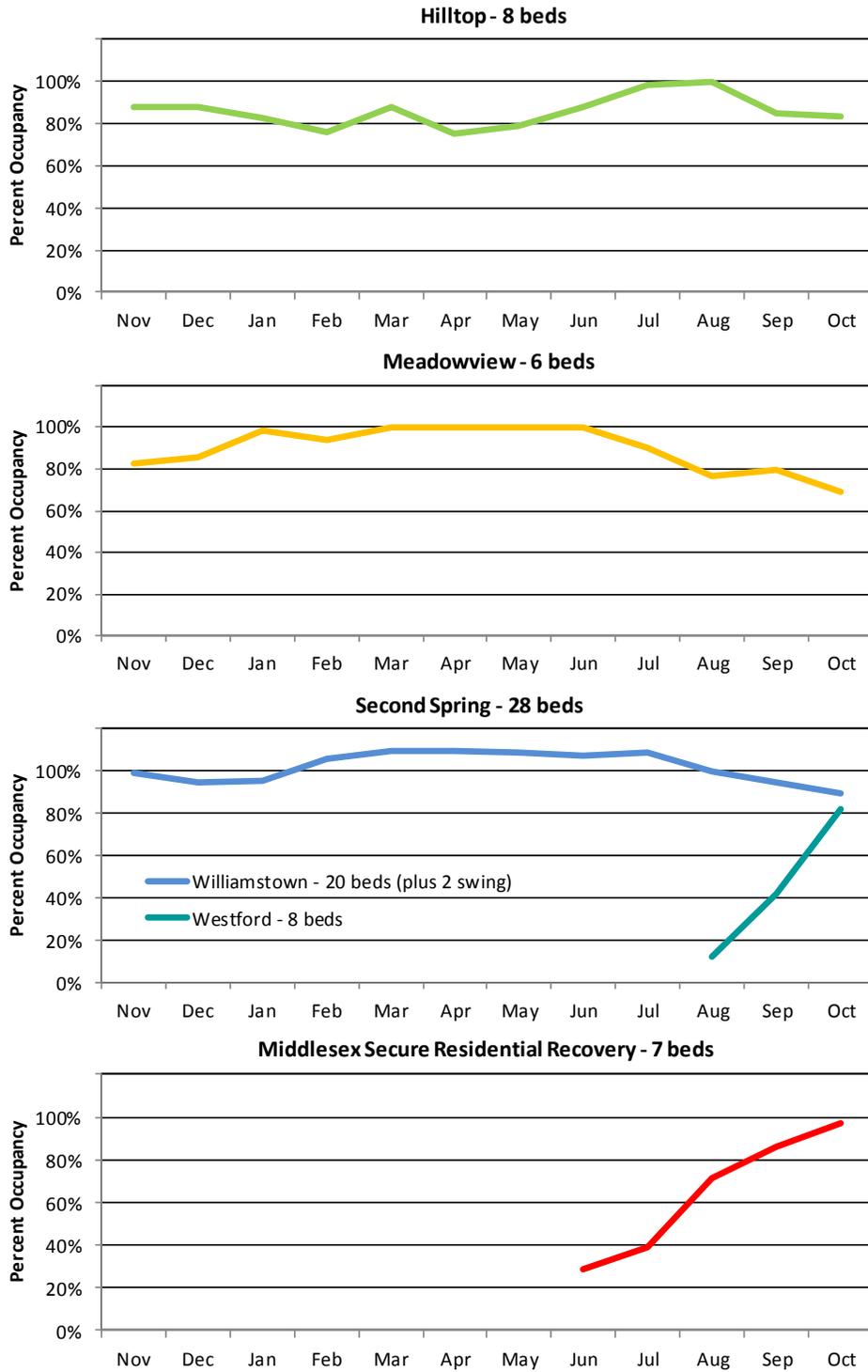
Table D-1:

**Legislative Report to Mental Health Oversight Committee
and Health Care Oversight Committee
Intensive Residential Census Report
November 2012 - October 2013
Adult Intensive Residential Facilities**

	Hilltop	Meadow view	Second Spring Williamstown	Second Spring Westford	Middlesex	State Avg	State Avg Excluding Middlesex
November							
Total Beds	8	6	20			35	
Monthly Avg.	7	4.96	19.87			24.43	
Monthly % Occupancy	87.5%	82.7%	99.3%			69.8%	
December							
Total Beds	8	6	20			34	
Monthly Avg.	7.00	5.12	18.87			22.87	
Monthly % Occupancy	87.5%	85.3%	94.3%			67.3%	
January							
Total Beds	8	6	20			34	
Monthly Avg.	6.62	5.92	19.04			24.19	
Monthly % Occupancy	82.7%	98.7%	95.2%			71.2%	
February							
Total Beds	8	6	20			36	
Monthly Avg.	6.08	5.64	21.14			31.21	
Monthly % Occupancy	76.0%	93.9%	105.7%			89.2%	
March							
Total Beds	8	6	20			36	
Monthly Avg.	7	6	21.9			32.58	
Monthly % Occupancy	87.5%	100.0%	109.5%			90.5%	
April							
Total Beds	8	6	20			36	
Monthly Avg.	6.03	6.00	21.90			33.13	
Monthly % Occupancy	75.4%	100.0%	109.5%			92.0%	
May							
Total Beds	8	6	20			36	
Monthly Avg.	6.31	6.00	21.73			32.94	
Monthly % Occupancy	78.9%	100.0%	108.6%			91.5%	
June							
Total Beds	8	6	20		7	43	36
Monthly Avg.	7.00	6.00	21.40		2.00	34.13	33.53
Monthly % Occupancy	87.5%	100.0%	107.0%		28.6%	79.4%	93.1%
July							
Total Beds	8	6	20		7	43	36
Monthly Avg.	7.83	5.42	21.71		2.71	37.42	34.71
Monthly % Occupancy	97.9%	90.3%	108.5%		38.7%	87.0%	96.4%
August							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	7.97	4.58	21.19	1.00	4.97	39.13	34.16
Monthly % Occupancy	99.6%	76.3%	99.8%	12.5%	71.0%	86.2%	89.1%
September							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	6.79	4.77	18.90	3.36	6.00	38.80	32.80
Monthly % Occupancy	84.8%	79.4%	94.5%	42.0%	85.7%	82.5%	82.0%
October							
Total Beds	8	6	20	8	7	49	42
Monthly Avg.	6.68	4.13	17.84	6.54	6.81	41.35	34.55
Monthly % Occupancy	83.5%	68.8%	89.2%	81.7%	97.2%	84.4%	83.8%

Graph D-1:

Intensive Residential Occupancy Report November 2012- October 2013



The graphs and charts above depict the percent occupancy and census at intensive residential programs and Middlesex Therapeutic Community Residence. Occupancy at Hilltop the time period fluctuated at around 80%, with an increase to 100% during July and August, and a dip to 80% for September and October of 2013. Meadowview, maintained approximately 100% occupancy, between January and June, decreasing to close to 80% in July, where the census has been stable to date. Before the opening of Second Spring -Westford on August 19, 2013, Second Spring Williamstown had 2 crisis beds that could be reallocated to intensive residential use as needed, bringing their total capacity to 22 during some days in each month. This is reflected in months where percent occupancy exceeds 100%. Since its opening, Second Spring-Westford has achieved close to 80% occupancy. Middlesex Therapeutic Community Residence began accepting placements on June 20th, 2013 and began reporting to electronic bed boards system on June 21, 2013. The current utilization is 97.2% with an average daily census of close to 7 residents.

These graphs are based on data reported to the Vermont Department of Mental Health by intensive recovery residence beds for adult care using the electronic bed boards system. Programs are expected to report to electronic bed boards a minimum of once per day to update their residential census. Lower percentages in earlier months are attributed to gaps in daily reporting from programs.

(E) An assessment of whether the budget provides adequate capacity for Level 1 treatment through the end of the 2014 fiscal year and the estimated budget need for the duration of the 2015 fiscal year.

The DMH FY14 appropriation has \$10,733,974 for Level I Psychiatric Inpatient costs provided at the Brattleboro Retreat (BR), Rutland Regional Medical Center (RRMC), and Fletcher Allen Health Care (FA). The budget was built using the following assumptions:

- The BR would have an average of 21 beds for the first six months of FY14 and an average of 14 beds for the last six months of FY14, at a cost of \$1,350 per day.
- RRMC would have an average of 6 beds for the entire year, at a cost of \$1650 per day.
- FA would have an average of 7 beds for the first 7 months and then 1 bed for the final 5 months of FY14. The cost per day was estimated to be \$1,856.

Factors impacting the FY14 Acute Psychiatric Inpatient budget:

- The Berlin hospital will not be complete until May, 2014, with the first patients being admitted at the end of June.
- BR will have an average of 20 beds for the entire fiscal year. Cost per bed at the Tyler 4 unit is coming in as projected, \$1350/day, with the general psychiatric bed cost per day projected to be \$1,222.
- RRMC will have an average of 7 beds, at a rate of \$1,444 for the Psychiatric Intensive Care Unit and \$809 for general psychiatric beds. Due to the long lengths of stay, and the Medicare lifetime maximum benefit for psychiatric inpatient stay, the State share for the Level I beds has gone up considerably. RRMC is projecting the State share to go from the projected 45% to a new revised projection of 67%.
- FA is expected to have an average of 7 beds for the entire fiscal year. Cost per bed projection has not changed.

The overall impact to the DMH FY14 budget is expected to be about \$1.8M for these Level I beds. In FY15 it is anticipated that FA will continue to provide services for the general psychiatric inpatient population, BR will operate the Tyler 4 unit at 14 beds, and RR will operate the 6 PICU in order to meet the Level I psychiatric Inpatient need outside of the new Berlin facility. In addition, it is expected that an average of 3-6 overflow Level I beds may be needed at any given time. Beds at BR and RR will be utilized, as available, to meet this need and; in addition, out of state options are being explored. The estimated savings from the FY14 appropriation will be approximately \$2M.

(a)(3) The evaluation shall assess the number and type of personnel necessary to staff the state-owned and -operated hospital in Berlin as of April 1, 2014. On or before December 15, 2013, the Mental Health Oversight Committee and the Health Care Oversight Committee shall make a recommendation to the Joint Fiscal Committee as to the number and type of personnel needed to operate the state-owned and -operated hospital on April 1, 2014.

Vermont Department of Mental Health					
Berlin Staffing FY 15					
Proposed Staffing, Berlin 25 Beds					
Non-Clinical FTEs			Clinical FTEs		
Med Records (Health Info Spec)	1		Director of Nursing		1
Unit Clerks (Staffing Admin only for Original submission)	4		Asst DON		1
Administrative Asst. (Exec Off Mgr., reception)	3		Nurse Supervisor		6
Staffing	5		Registered/Charge Nurse		35
Admissions	5		Psych Tech/MHRS/Transporter		95
Information Systems/Change Mgmt	1		Activity Therapist (incl Dir.)		5
Operations/Facilities/Storekeeper	3		CEO		1
Education	2		Psychologist		2
HR Credentialing	1		Social Worker		3
Dietary/Food Service	7		Environmental Safety		6
Pharmacy	2		Total Clinical FTEs		155
Risk Management/Pat Safety	1				
Utilization Review	1				
QA	1				
Total Non-Clinical FTEs	37		Total FTEs		192

Addendum:

Request to provide profile of voluntary and involuntary capacity at each of the designated hospitals

Estimation of Voluntary Census at Inpatient Designated Hospitals

FY 2013

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Statewide	Total Beds	134	134	134	134	139	139	147	147	147	162	157	157
	Total ADC	-	127	130	129	123	122	137	137	137	134	135	146
	Involuntary ADC	44	41	45	42	43	41	43	41	47	45	48	44
	% Voluntary	-	69%	67%	68%	69%	71%	71%	72%	68%	72%	70%	72%
	% Involuntary	-	31%	33%	32%	31%	29%	29%	28%	32%	28%	30%	28%
BR	Total Beds	-	72	72	72	72	72	72	72	72	75	75	75
	Total ADC	-	67	70	70	68	67	68	68	68	70	71	72
	Involuntary ADC	25	22	21	23	27	23	18	19	23	16	14	13
	% Voluntary	-	68%	69%	67%	61%	65%	73%	73%	67%	77%	80%	82%
	% Involuntary	-	32%	31%	33%	39%	35%	27%	27%	33%	23%	20%	18%
CVMC	Total Beds	-	14	14	14	14	14	14	14	14	14	14	14
	Total ADC	-	13	13	13	13	13	13	13	13	13	13	13
	Involuntary ADC	4	6	7	2	3	2	2	1	1	2	4	3
	% Voluntary	-	53%	50%	83%	80%	88%	87%	95%	94%	84%	69%	75%
	% Involuntary	-	47%	50%	17%	20%	12%	13%	5%	6%	16%	31%	25%
FAHC	Total Beds	-	27	27	27	27	27	27	27	27	27	27	27
	Total ADC	-	26	26	24	24	25	26	26	26	23	15	26
	Involuntary ADC	7	7	8	8	6	8	10	9	9	10	12	11
	% Voluntary	-	72%	69%	67%	76%	66%	62%	66%	67%	58%	21%	59%
	% Involuntary	-	28%	31%	33%	24%	34%	38%	34%	33%	42%	79%	41%
GMPCC	Total Beds	-	-	-	-	-	-	8	8	8	8	8	8
	Total ADC	-	-	-	-	-	-	6	6	6	8	8	8
	Involuntary ADC	-	-	-	-	-	-	5	7	7	7	7	7
	% Voluntary	-	-	-	-	-	-	11%	-13%	-16%	13%	10%	18%
	% Involuntary	-	-	-	-	-	-	89%	113%	116%	88%	90%	82%
RRMC	Total Beds	-	16	16	16	16	16	16	16	16	28	23	23
	Total ADC	-	14	15	15	15	15	16	16	16	23	21	20
	Involuntary ADC	7	6	8	8	7	6	7	5	6	10	10	10
	% Voluntary	-	56%	49%	45%	52%	58%	57%	67%	64%	58%	54%	48%
	% Involuntary	-	44%	51%	55%	48%	42%	43%	33%	36%	42%	46%	52%
WC	Total Beds	-	10	10	10	10	10	10	10	10	10	10	10
	Total ADC	-	8	8	8	9	8	9	9	9	9	7	8
	Involuntary ADC	0	0	1	1	1	1	1	1	2	0	1	0
	% Voluntary	-	97%	88%	88%	89%	88%	89%	88%	80%	98%	82%	94%
	% Involuntary	-	3%	13%	13%	11%	13%	11%	12%	20%	2%	18%	6%

Based on data from the electronic bed boards for total average daily census and total beds available in conjunction with data maintained by DMH care managers regarding involuntary stays. Voluntary percentages are calculated by subtracting the percentage of Total average daily census divided by Involuntary average daily census from 100%. Data regarding Level 1 stays are maintained by the utilization review team. Cells in yellow indicate census discrepancies between reporting for electronic bed boards and involuntary stays maintained at the department.

Methodology and Data Sources:

The department's estimation of voluntary clients on designated hospital units was derived from two data sources. The electronic bed board was used to report the total beds available at each hospital and the average monthly utilization for each hospital. The electronic bed board reports on a unit level for each hospital therefore hospitals with more than one unit were added together. The average daily census of involuntary patients was derived from the adult involuntary treatment (AIT) spreadsheet maintained in the Department of Mental Health. This chart represents a rough estimation of voluntary versus involuntary compositions at designated hospitals and should be viewed as a work in progress. There are challenges with the AIT spreadsheet that the Department is actively working to resolve. More accurate numbers are provided on a unit-by-unit basis by the designated hospitals and have been requested by the department.